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ABSTRACT

This paper reviews the current empirical literature on counselor ethics, suggesting that it offers little guidance in understanding why unethical behavior occurs or how to remedy such behavior. The research literature is classified according to four basic areas of concern: (1) documenting the incidence of unethical practice; (2) identifying the practitioner characteristics related to unethical practice; (3) proposing a theory of ethical decision-making; and (4) examining training effects in ethics education. The review indicates that inadequate documentation exists for the incidence of unethical practice, that the literature has failed to establish a firm empirical basis for predicting who will behave unethically, that promising research combining theory building and empirical study has little regard for legal and societal consequences, and that the inclusion of formal ethics coursework to make students more aware of ethical issues has not been substantiated. The current state of the literature suggests that alternative approaches are needed to the empirical study of ethical decision-making. The conceptualization of ethical decision-making in terms of developmental differences in moral reasoning, the design of the Ethical Judgment Scale, and the refinement of the Ethical Judgment Scale by using groups of counselor trainees's scores on the Defining Issues Test and the Ethical Judgment Scale to determine if the two scores would be significantly related are detailed. Research results that provide the first evidence of a relationship between moral development and ethical decision-making are presented. (PAS)

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Ethical Decision Making: What is Currently the Case?

Paper presented at the annual meeting of the American Psychological Association, Washington, D.C., August, 1982.

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Review of the Literature

I would like to begin with a quote from Milton Schwebel (1955) who stated nearly thirty years ago in the Journal of Counseling Psychology that, "...there are no published data on the kind of personal qualities that are associated with ethical practice and the kind of training program that facilitates such practice" (p. 122). Four years later, Hobbs (195) relayed a similar message to the field of psychology as a whole. Since then, attention to the ethical dimensions of counseling and psychotherapy has increased dramatically, and although empirical study in this area now exists, the value of this study is questionable. As I describe this literature on the current state of ethics research, I will be including the work done by counselors and professional psychologists. I will distinguish between these groups as necessary. I will not include position papers or purely theoretical articles.

The research itself can be classified into four basic concerns. The first, and most abundant area of investigation has focused on documenting the incidence of unethical practice (Boyd, Tennyson and Erickson, 1973, 1974; Cramer, Graff and Zani, 1969; Golden and O'Malley, 1979; Holroyd, 1981; Holroyd and Brodsky, 1977; Jagim, Wittman and Noll, 1978; Keith-Spiegel, 1977; Noland, 1969; Nugent, 1971; Pope, Schover and Levinson, 1980; Sanders, 1979; Sanders and Keith-Spiegel, 1980; Sherwood, 1974; Swoboda, Elwork, Sales and Levine, 1978; Wright, 1981).

Many of these studies are surveys and have polled secondary school counselors, college counselors, social workers, psychologists and psychiatrists on the issues of confidentiality, sexual intimacy and a wide range of other inappropriate behaviors as defined by the APA Ethical Standards of Psychologists.

The issues of confidentiality and sexual intimacy are the best documented types of unethical behaviors in the research to date. The other frequently occurring inappropriate behaviors range from misrepresentation of skills to problems in the methods of collecting fees. While the exact percentage varies from type of behavior and from study to study, the figure of 5% represents a fair estimate of the percentage of practitioners who appear substantially insensitive to the ethical dimensions of their work.

Given this documentation, what do we know about the reasons behind unethical practice? Why does it exist? The second basic concern in the research has been on identifying practitioner characteristics related to unethical practice. Four studies have concentrated on demographic variables such as age, gender, years of professional experience, academic level and membership in professional associations (Barr, 1970; Martin, 1976; Shertzer and Morris, 1972; Wislar, 1976). These studies made use of three distinct inventories. The formats were multiple choice and the subjects, including members of the American Personnel and Guidance Association (APGA), undergraduate rehabilitation counselor trainees, graduate students in education, graduate level counselor trainees and practicing counselors, were asked to discriminate the most ethically appropriate responses to a variety of ethically charged critical incidents. Ethically appropriate responses were based on the APGA Code of professional ethics.

These studies provide some evidence that members of a professional association are better able to discriminate the most ethical response on a paper and pencil inventory than non-members. However, the influence of other demographic variables in ethical discriminatory ability is much

less clear. For example, females scored higher in one study (Martin, 1976) while men scored higher in another (Barr, 1970) and neither pattern has been repeated in subsequent studies. In addition, novices have outperformed practicing clinicians (Barr, 1970) and those without Master's degrees have outscored practitioners with Master's degrees (Barr, 1970; Shertzer and Morris, 1972).

As my review implies, there has been little consistency in this research. A variety of research instruments, all with undetermined validity and reliability, have been employed. In fact, the researchers themselves comment on the inadequacy of these instruments. Secondly, disparity in the samples used greatly diminishes the power of these studies to collectively illuminate the reasons behind unethical behavior. Finally, these studies simply do not clarify any cause and effect relationships between ethical discriminatory ability and ethical behavior.

Another type of study aimed at identifying practitioner characteristics related to unethical practice has concentrated on the ethical conflicts experienced by various mental health workers. In 1978, Morrison, Layton and Newman employed their Ethical Conflict Questionnaire to present hypothetical case descriptions which can cause clinical professionals a certain degree of ethical conflict in making clinical decisions (e.g., "the involuntary committment of any patient whose present behavior indicates a person is not dangerous to others"). Clinical psychologists, psychiatrists, psychiatric social workers, psychiatric nurses and other mental health workers comprised the sample. Finding significant intergroup differences led these authors to conclude that the degree of ethical conflict apparently depended on certain

demographic variables. The statistically significant variables in this study included years of clinical experience, occupation and gender of the mental health worker.

The final type of research to assess practitioner characteristics related to unethical practice has studied personal and social characteristics of the practitioners themselves. In a study published in 1977, Sharon Butler and Seymour Zelen interviewed twenty psychiatrists and psychologists who had engaged in sexual contact with their clients. Their subjects were volunteers, with a mean age of 51.6, whose number of years in practice ranged from 5 to 30 years and 90% of whom were male.

The interview explored the nature of the psychotherapeutic relationship between client and therapist as well as the needs, rationalizations and defenses of the therapists involved. The authors also examined the effects of sexual contact on the therapeutic process. Butler and Zelen highlighted two specific factors behind their subjects' behavior. In contrast to therapists who did not have sexual intimacies with patients (Butler, 1975), the sexually intimate therapists demonstrated high-need for love, affection and positive regard as well as low impulse control. Butler and Zelen concluded that the sexually intimate therapists were serving their own needs in relation to the absence, or unsatisfying nature, of sex/love relationships in their own lives. They also concluded that these relations were not carefully planned nor in most cases perceived as a normal and/or therapeutic encounter and that the profession in no substantial nor realistic way discouraged these clinicians from continuing sexual intimacies with clients.

The Butler and Zelen study has some interesting strengths and weaknesses. Though flawed in regard to the volunteer nature, which narrows the ability to generalize these findings, the semi-structured interview format using actual practitioners in the field is a unique research design. No other study to explore practitioner characteristics related to unethical practice has employed this technique.

As we can see, there is some hope that practitioner characteristics will be explored systematically, yet a firm empirical basis for predicting who may behave unethically, under what circumstances, or for what reasons has yet to be established.

The third approach to the research has combined theory building and empirical study. This group of scholars has proposed a theory of ethical decision making that rests on cognitive variables, relates ethical decision making to developmental variables and is followed up with empirical study. This is the work of William Van Hoose and Louis Paradise (1979) and their colleagues. Their theory defines five stages of ethical orientation somewhat analagous to Kohlberg's (1969) stages of moral development.

Stage 1, or the punishment orientation, is recognized by strict adherence to prevailing social standards. Motivation for action is based on being punished for bad behavior. Stage 2, or the institutional orientation reveals consistent adherence to the expectations of the institution or higher authorities. At Stage 3, the societal orientation, concern is for the maintenance of standards, approval of others, and avoidance of problems. Stage 4 is the individual orientation where individual welfare preceeds the concern for law and societal welfare. Stage 5 represents the principle or

conscience orientation. Here, concern for the client is paramount with little regard for the legal and societal consequences. What is right determines behavior.

To assess the ethical orientation of research subjects, these scholars designed an Ethical Judgement Scale (EJS) (Paradise, 1979; Van Hoose and Goldman, 1971). First employed by Van Hoose and Goldman in 1971 to attempt to measure the ethical posture of counselors and school social workers, the EJS was revised and expanded by Paradise in 1979. There have been three attempts to validate the instrument since 1974 (Moore, 1977; Paradise, 1976; Vafakas, 1974). Though strong in its effort to develop a theory and to base that theory on scientific data, this body of research is limited by poor research designs and inconsistent research methods. The investigators have failed to systematically control for factors such as educational level or subject fatigue; samples have been largely homogeneous; scoring techniques for the EJS were not clearly defined and different versions of the EJS have been employed. Obviously the validity of this instrument remains to be defined. Nonetheless, the work of Van Hoose, Paradise and their associates represents a step forward in explaining ethical decision making in a way that does not underestimate its complexity and that attempts to account for the possible relationship between the practitioner's cognitive complexity and manner of ethical decision-making.

The fourth area of concern in the research on ethical behavior of counselors and psychotherapists has been training. This is an important area of inquiry given the six fold increase in the availability of ethics courses in psychology programs since 1956 (DePalma and Drake,

1956; Tymchuk, Drapkin, Ackerman, Major, Coffman and Baum, 1979). The trend in professional psychology training is clear, yet the literature is sparse, contradictory and only weakly supports the interpretation that formal ethics coursework makes students more aware of ethical issues.

Of the five studies conducted on ethics training (Baldick, 1980; Granum and Erickson, 1976; Paradise, 1976; Morrison and Teta, 1979; Sherteer and Morris, 1972), not one provides scientific data regarding the instructional methods currently being used in ethics courses or the relative effectiveness of one teaching method verses another. Four out of five studies did provide data suggesting that certain courses increase participants' awareness of the ethical dimensions of their work (Baldick, 1980; Granum and Erickson, 1976; Paradise, 1976; Morrison and Teta, 1979). Once again, however, little consistency in methodology exists between these studies and seriously limits the opportunity to compare across studies. For example, samples vary from doctoral level interns in counseling and clinical psychology to Masters candidates in counseling and students in psychiatric nursing. In addition, the ethics courses themselves ranged from formal coursework to a three hour workshop and from a self paced learning kit on confidentiality to a full semester course on humanistic psychology.

There is, however, good reason to explore at least one of these studies more closely. Theodore Baldick's work in 1980 presented an interesting although also flawed format through which to assess ethical orientation. His research measure, the Ethical Discrimination Inventory (EDI) includes 12 ethical problem situations and subjects were asked to list the ethical problems or considerations in each situation presented.

In other words, subjects had to produce not merely recognize the inherent ethical considerations in those situations. Baldick claimed that a subject's response indicated their sensitivity to ethical problems or considerations in clinical practice. This idea has strong face validity since real life situations do not provide a multiple choice format with suggested responses. Baldick found that doctoral level intern psychologists with formal ethics coursework were able to describe ethical issues at a rate significantly higher than those without training.

Paradise (1976) and others, (Abeles, 1980), have suggested that in addition to presenting ethical dilemmas as an assessment technique such a procedure has valuable training applications. However, the nature of this training must be considered carefully. Paradise, for example, used a three hour workshop to raise the scores of Masters students in counseling on the EJS. The brevity of his training raises doubts about the meaning of these results. However, other researchers found that APGA members who had taken a formal ethics course during training scored lower on the Ethical Discrimination Inventory than those who had not (Shertzer and Morris, 1972). How can we make sense of this contradiction? First, perhaps weakness in the instruments account for it. Second, the impact of these courses may be shortlived. Third, small sample sizes were involved. Thus, there is little sufficient base upon which to develop any firm conclusions about the impact of training on practitioners' ability to discriminate ethical from unethical responses.

In short, one cannot derive many significant conclusions from the data based research on the ethical dimensions of counseling and

psychotherapy. The literature is sparse, suffers from poor research designs and the findings are largely inconsistent. It has concentrated on four basic concerns which include documenting the incidence of unethical practice, identifying practitioner characteristics related to unethical practice, proposing a theory of ethical decision making and training effects in ethics education. When compared to the the fields of medicine and business, psychology seems to be on a similar course and the parallels in research endeavors and findings are strong.

In counseling psychology specifically, the record is disappointing. Only one study, that of Baldick in 1980, even mentions counseling psychologists. Clearly, the history of this research is blemished but the opportunities for research into the ethical dimensions of counseling and psychotherapy are tremendous.

Critique and Recommendations

I expect that what you have heard my colleague just describe about the current literature on ethical choice has generated some consternation about the sorry state of research in this area. It is my task today to offer alternative approaches to the empirical study of ethical decision making and to report the results of a study we have recently completed on moral development and ethical choice. My hope, and that of the other members of the panel, is that our efforts will contribute to the profession's realization that much of the hard work in understanding ethical behavior lies ahead -- we have conceived, carried and given birth to the baby, but now must rear the child.

There are four major points I wish to make in regard to improving the quality of the research in this area. I have begun with the

practical and moved to the conceptual in my organization of these points.

First and most obvious, the primitive research designs that have characterized the field need to be replaced by more sophisticated approaches. The research has remained crude partially because of the problems inherent in studying this type of variable, problems that range from the difficulty in assessing a construct as complex as ethical decision making to the procedural and ethical complications in obtaining samples and carrying out certain experimental designs. However, the models that have recently been proposed for studying the equally complex variables of therapy process and outcome (Bergin and Lambert, 1978; Gottman and Markham, 1978; Kiesler, 1971) and the advances in small sample and intensive case study designs (Goldman, 1976, Thoreson, 1978) provide mechanisms for dealing with many of these methodological issues. In other words, the rationale that the construct is too complex to study systematically is simply no longer justifiable. Moreover, even in those cases where naturalistic study is not possible, analogue designs can prove useful substitutes. For example, it is quite feasible to develop role plays or other simulations of counseling sessions that present psychologists with ethically sensitive situations in order to investigate how they proceed when faced with such a dilemma. Analogue designs can also be helpful in pilot research as a way to test the viability of one's hypothesis before embarking on a broader and more expensive study in a field setting. The ex-post-facto research design such as the one used by Butler and Zelen (1977) is also a viable alternative. Of course, instruments purporting to measure ethical stance that do not seriously attempt to demonstrate their reliability

and validity can no longer be tolerated. In general, the designs of these studies need to be brought up to the current standards of current social science research and moreover, scholars need to show more imagination and inventiveness in designing experiments. In addition, those involved in this work need to show a longer term commitment to it. Unfortunately, there has been a tendency to dabble in ethics research for awhile and then move on to other pursuits. (As an aside, it is interesting to note that the APA Guide to Research Support published last year, listed only four references in the index to ethics. It is possible that such research is short lived because it is not a priority of the funding agencies.)

My second point also regards research design. Investigators have tended to approach ethical decision making as though the outcome of the decision is the only variable of interest. They seem to be assuming that as long as psychologists decide not to misrepresent their skills or overcharge their clients they have met their professional responsibilities and that's all that is necessary to know. Perhaps, that stance is somewhat justifiable from the perspective of the APA Committee on Ethics charged with the overwhelming task of overseeing the profession's compliance with the Code of Ethics, but it is not justifiable for scholars or for educators of psychologists. Just as morality is more than a behavior that ends up helping or hurting someone else, ethics is more than the outcome behavior that conforms to or violates a code. The internal processes (intentions, motivations, way of cognitively structuring the ethically sensitive situation) are equally important. I suggest that the researchers approach ethical decision making as its name suggests, as a process, not merely an

outcome. One can argue that a scholar can make inferences about a process from the outcome chosen. While that may sometimes be the case, the inferences that can be made are limited and must be held tentatively at best. In addition, conceiving of the construct as a process can also reveal more in the long run about why a person decides on a course of action that is unethical and thereby provide more information about how to remediate or prevent such occurences. Baldick's (1980) procedure in studying ethical discrimination ability represents a step in this direction. In the ethics measure he designed, he did not ask his participants only what they would do in the face of a given ethical dilemma, but also asked what considerations come into play in resolving that dilemma. Lastly, the process approach is more meaningful in terms of the profession's responsibility to foster ethical sensitivity among psychologists in training.

Third, the rallying cry behind most of the theoretical and empirical work in ethics has been the question Schwebel raised in 1955: Why does unethical behavior occur? Schwebel himself proposed some possible answers that still have not been empirically tested. Perhaps, though, a question of equal importance is: Why does <u>ethical</u> behavior occur? After all, the rewards for unethical behavior are often tangible and immediate and the sanctions remote and uncertain. Instead of focusing all our attention on the few who poorly serve and mistreat their clients, we ought to attend also to the great majority who behave so well so often. They may offer insights into the decision making process at least as valuable as those who are insensitive to their professional responsibilities. This suggestion does not mean that I am minimizing the pain the few cause, or that I am suggesting a whitewash

of the problem of unethical practitioners. Far from it - I am arguing that if we ask both questions we will gain a fuller knowledge of the phenomenon and we avoid a danger of conceptualizing professional ethics as simply the avoidance of the unsavory or the technical compliance with the current written code.

Fourth, we need to apply in a more sophisticated fashion the knowledge we have gained from related areas of psychology to our study of ethics. Four subspecialties in psychology appear to offer insights that can direct future ethics research - social psychology, personality theory, educational psychology and developmental psychology. For example, social psychology has informed us about the impact of various environments on human behavior, the influence of role models and the attitude change process. The insights from this research can be directly applied to understand the impact of colleagues and the workplace on an individual's ethical decision making process, or to investigate how the profession can help change the attitudes of certain of its members that ethics only means not cheating or seducing one's clients. In addition, the research in personality has indicated that factors like self-esteem, mood and ego strength relate to a person's inclination to act morally or altruistically. The investigators in ethics should explore whether and to what degree such factors influence the ethical behavior of psychologists. In parallel fashion, the findings from educational psychology can provide guidelines for structuring the teaching-learning process in graduate education in ethics.

In short, by using what we already know from these fields we can gain a focus to our research, ask more interesting questions and avoid a

costly trial and error approach. Such an integration can also begin to move the empirical study of ethics out of its peripheral position and into the mainstream of psychology research. I might also add that this kind of approach can only increase the likelihood of future funding for ethics research.

My final point in this regard is that the literature from development psychology, particularly that dealing with moral and intellectual development in adulthood, needs to be integrated. The work of Kohlberg (1969) Rest (1979) and their colleagues on moral development appears particularly relevant. While this body of research is not without controversy, there is substantial support for their contention of qualitatively distinct stages in the development of moral reasoning. How, specifically, am I suggesting their work be applied? I have three major recommendations. First, putting aside the controversial issue of whether Kohlberg's Stage 6 truly represents the highest stage of human moral reasoning, both Kohlberg's and Rest's research methodologies provide models of exemplary quality of how to systematically test the viability of a construct and how to apply that knowledge to foster moral development. Second, the construct offers a framework to explain individual differences in practitioners' sensitivity to the moral dimensions of their work. As Keith-Spiegel (1977) and others have pointed out, the number of willful violations of the ethical standards of the profession are small; most who enter the field are disposed to act ethically and are motivated at least in part by altruism. Perhaps, the failure of some to abide by the ethical standards of their profession can be explained by differences in stages of moral reasoning. I suggest further that the ethical codes themselves may be based on

principles of professional responsibility beyond the capacity of some members to understand. These are intriguing hypotheses that deserve full empirical study.

As Neal mentioned, Van Hoose and Paradise (1979) were the first to explore the relevance of Kohlberg stage to ethical decision making. The stages of ethical orientation they postulated were derived directly from the Kohlberg stages. These scholars developed and revised an instrument, the Ethical Judgment Scale, to test the ethical stage construct. While there are significant gaps in the articulation of the construct and the validation of the Ethical Judgment Scale, Van Hoose and Paradise ought to be applauded for their attempt, however flawed, to conceptualize ethical decision making in terms of developmental differences in moral reasoning.

A research project Neal and I have recently conducted supports the relationship between moral reasoning and ethical orientation that Van Hoose and Paradise suspected and offers encouragement for further refinement of the Ethical Judgment Scale. In our study, we examined whether Ethical Judgment Scale score was significantly related to score on the Defining Issues Test of Rest (1979) among groups of counselors-in-training at four different levels. As the transparency indicates, mean scores on both instruments were in the expected direction and an analysis of variance indicated between group differences were significantly greater than within group differences. Moreover, EJS and DIT scores were significantly correlated with work experience in counseling and human services and with number of contributions in the last year to professional and social action organizations. While this research is limited by its correlational

nature and its exclusive use of students, it does provide the first evidence of a relationship between moral development and ethical decision making and offers encouragement for more comprehensive study of this association.

The moral development literature can also prove helpful in at least one other way. The chapter by Jim Rest in the most recent edition of Carmichael's Handbook of Child Psychology (1982) on moral behavior outlines four major components of moral behavior. These components are:

Component I: Moral sensitivity - the ability to interpret the situation, making inferences about the thoughts, feelings and perceptions of others, relating factual information about the probable consequences of action and understanding the way people usually behave.

Component II: Moral reasoning - formulating a morally ideal course action, judging what one morally ought to do in a concrete situation.

Component III: Moral motivation and commitment - distinguishing between competing values and commiting to the moral value.

Component IV: Executing and implementing a moral plan - figuring out concrete actions, employing social interaction skills, revising plan of action and resisting fatigue, frustration and distraction in carrying out the plan.

Given that ethical behavior is a subset of moral behavior, this model can function both as a way of breaking down the complex variable of

ethical behavior into more manageable research parts and as a means of organizing what at times seems a diverse and disorganized literature. In other words, what Rest has done is articulate a framework that has been implicit in much of the ethics literature, and thereby has offered a way to connect the divergent directions the study of professional ethics has taken. It also helps to make more visible the gaps in ethics research. For example, very little attention has been paid to components three and four so far in terms of the ethical behavior of psychologists. It is possible for example, that the degree of peer support or pressure for ethical behavior is the influential factor in resisting fatigue, frustration and distraction from one's course of action.

In closing, while we hope we have generated a certain skepticism about the conduct of the research in professional ethics thus far, we also hope that we have fostered an optimism of the broad range of possibilities for future research. What has befallen the empirical study of ethics thus far is not unique in the history of social science research. In the initial stages of any field of study investigators often become so engrossed in the distinctiveness of their endeavors that they neglect to use the knowledge that does have application from related areas. It is important to note too, that until relatively recently, issues of ethics and professional responsibility were not high priority or high visibility agenda items for the profession. Thus, research into those topics had received little noteriety or active encouragement. Now, however, the necessary resources are present -- adequate research models, better conceptualizations of ethical decision making, and the full support of the professional organizations to propel

research in ethical decision making into its next stage of development. Let us begin the task.

TABLE 1

Means and Standard Deviations for the EJS

over Four Training Levels

Group	EJS
Undergraduates (N = 20)	M = 23.40 S.D. = 6.39
Beginning Masters (N = 16)	M = 24.50 S.D. = 6.35
Advanced Masters (N = 12)	M = 28.33 S.D. = 5.77
Ph.D. (N = 15)	M = 35.20 S.D. = 11.53
Total (N = 63)	M = 27.14 S.D. = 9.48

TABLE 2

Analyses of Variance of the EJS by

Training Level

Source	DF	SS	MS	F
EJS by Training Level	3	1377.56	459.19	7.50*

*p = .0001

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